Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
MIDDLE DISTRICT OF FLORIDA	_
Case number (if known)	Chapter you are filing under:
	Chapter 7
	☐ Chapter 11
	☐ Chapter 12
	☐ Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Stanton	
		First name	First name
		Lewis	
		Middle name	Middle name
		Harris	
		Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9637	

Case 6:18-bk-08031-KSJ Doc 1 Filed 12/31/18 Page 2 of 79

12/31/18 12:34PM

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINS	EINs			
5.	Where you live	671 Blenheim Loop	If Debtor 2 lives at a different address:			
		Winter Springs, FL 32708 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Seminole				
County If your mailing address is different fr above, fill it in here. Note that the coun notices to you at this mailing address.		If your mailing address is different from the one above, fill it in here. Note that the court will send any	County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Debtor 1 Stanton Lewis Harris

Case 6:18-bk-08031-KSJ Doc 1 Filed 12/31/18 Page 3 of 79

Debtor 1 **Stanton Lewis Harris** Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. When Case number District MD FL ORL 8/27/09 09-12789 - ABB District When Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When District Case number, if known Debtor Relationship to you When Case number, if known District Do you rent your Go to line 12. No. residence? ☐ Yes. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

page 3

Case 6:18-bk-08031-KSJ Doc 1 Filed 12/31/18 Page 4 of 79

Debtor 1 Stanton Lewis Harris Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs? Number, Street, City, State & Zip Code

Debtor 1 Stanton Lewis Harris Case number (if known)

Part 5: Explain Your Efforts to

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

12/31/18 12:34PM

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 6:18-bk-08031-KSJ Doc 1 Filed 12/31/18 Page 6 of 79 12/31/18 12:34PM Debtor 1 Stanton Lewis Harris Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. □ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5**0,001-100,000 **5001-10,000** 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100.001 - \$500.000** □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million ☐ More than \$50 billion 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion ■ \$0 - \$50.000 estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a

bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Executed on

/s/ Stanton Lewis Harris

Signature of Debtor 2 Stanton Lewis Harris Signature of Debtor 1

Executed on December 31, 2018

MM / DD / YYYY MM / DD / YYYY Case 6:18-bk-08031-KSJ Doc 1 Filed 12/31/18 Page 7 of 79

Debtor 1 Stanton Lewis Harris Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Wayne	B. Spivak	Date	December 31, 2018
Signature of	Attorney for Debtor		MM / DD / YYYY
Wayne B.	Spivak 38191		
Printed name			
Attorneys	Justin Clark & Associates PLLC		
Firm name			
500 Winde	erley Place		
Unit 100	•		
Maitland, I	FL 32751		
Number, Street,	City, State & ZIP Code		
Contact phone	3212821055	Email address	wspivak@youhavepower.com
38191 FL			
Bar number & S	tate		

Debtor 1	Stanton Lewis	Harris		
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
Case number				
known)				☐ Check if this is an
				amended filing

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

	Your a	ssets of what you own
chedule A/B: Property (Official Form 106A/B) a. Copy line 55, Total real estate, from Schedule A/B	\$	287,268.00
b. Copy line 62, Total personal property, from Schedule A/B	\$	3,034.90
c. Copy line 63, Total of all property on Schedule A/B	\$	290,302.90
Summarize Your Liabilities		
		abilities It you owe
chedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	268,405.00
chedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	159,005.21
Your total liabilities	\$	427,410.21
Summarize Your Income and Expenses		
chedule I: Your Income (Official Form 106I) opy your combined monthly income from line 12 of Schedule I	\$	9,145.09
chedule J: Your Expenses (Official Form 106J) opy your monthly expenses from line 22c of Schedule J	\$	8,458.91
Answer These Questions for Administrative and Statistical Records		
re you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	hedules.
Yes //hat kind of debt do you have?		
Yes		

- household purpose." 11 Ú.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Stanton Lewis Harris

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____6,114.82

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clair	m
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

										12/31/18 12:34F
Fill in	this informa	ation to identif	y your case and th	is filin	g:					
Debto	or 1	Ctonton I o	ia Hamia							
Debit	ווכ	Stanton Le		Name		Last Name				
Debto	or 2	i iiot i tainic	Wilde	71401110		Edot Namo				
	e, if filing)	First Name	Middle	Name		Last Name				
` .										
Unite	d States Ban	kruptcy Court fo	or the: MIDDLE D	ISTRIC	T OF FLORIDA	Α				
0									_	
Case	number					_				
										amended filing
∩ ffi	cial Ear	m 106A/	R							
										
Sc	hedule	• A/B: P	roperty							12/15
				an asse	t only once If a	ın asset fits in more tha	n one cate	agory list the	asset in the	category where you
think i	t fits best. Be	as complete and	d accurate as possible	e. If two	married people	are filing together, bot	th are equa	ally responsib	le for suppl	ying correct
			, attach a separate s	neet to	this form. On the	e top of any additional p	pages, wri	te your name a	and case no	umber (if known).
Answe	r every questi	on.								
Part 1	: Describe E	ach Residence,	Building, Land, or Ot	her Rea	I Estate You Ow	n or Have an Interest Ir	n			
			3,, .							
1. Do	you own or ha	ve any legal or e	equitable interest in a	ny resi	dence, building,	land, or similar proper	ty?			
ЦΙ	No. Go to Part 2	2.								
•	Yes. Where is t	the property?								
1.1				Wha	t is the property	? Check all that apply				
	671 Blenhe	im Loop			Single-family h	nome	Do	not deduct se	cured claims	s or exemptions. Put
	Street address, if	available, or other d	escription	_	Duplex or mul	ti-unit buildina	the	e amount of any	y secured cl	aims on Schedule D:
					. Condominium	or cooperative	Cr	editors Who Ha	ave Claims	Secured by Property.
						or cooperative				
				Г	1 Manufactured	or mobile home				
,	Winter Spri	inas FL	32708-0000	_	Land			irrent value of tire property?		Current value of the
-				_	<u>.</u>		en	\$287,26	•	ortion you own?
	City	State	ZIP Code	<u> </u>		орепу		\$207,20	0.00	\$287,268.00
							De	scribe the nat	ture of your	ownership interest
							٠.			y by the entireties, or
				_	-	in the property? Check	UITE	ife estate), if k	mown.	
					Debtor 1 only		F6	e simple		
	Seminole				Debtor 2 only					
	County				Debtor 1 and I	Debtor 2 only				
					_	the debtors and another	, 🗆	Check if this (see instruction		inity property
				Oth				•	15)	
					erty identification	ou wish to add about th	iis iteili, su	icii as iocai		
					-		700			
						-20-30-505-0000-17	700			
				50%	owner with	wife Carol Harris				
						rom Part 1, includinເ				\$287,268.00
р	ages you na	ve attached to	r Part 1. Write that	numb	er nere			=>		Ψ201,200.00
Part 2	Describe Y	our Vehicles								
Do yo	u own, lease	e, or have lega	l or equitable inter	est in a	any vehicles, v	vhether they are regi	istered or	not? Include	e any vehic	cles you own that
some	one else drive	s. If you lease	a vehicle, also repo	rt it on	Schedule G: Ex	xecutory Contracts an	d Unexpir	ed Leases.	•	•
3. Са	rs, vans, truc	cks, tractors, s	port utility vehicle	s, mot	orcycles					
_										
	No									
	Yes									

			12/31/10 12.34
Debtor 1	Stanton Lewis Harris	Case number (if known)	
	raft, aircraft, motor homes, ATVs and other recreational vehicles so: Boats, trailers, motors, personal watercraft, fishing vessels, snown		
■ No			
☐ Yes			
	e dollar value of the portion you own for all of your entries from you have attached for Part 2. Write that number here		\$0.00
Part 3: De	scribe Your Personal and Household Items		
·	wn or have any legal or equitable interest in any of the following	items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	old goods and furnishings les: Major appliances, furniture, linens, china, kitchenware		
□ No	,		
Yes.	Describe		
	couches (2) - 100, love seat - 50, coffee ta 25, entertainment center - 50, dining roon chairs (4) - 100, kitchen table - 50, kitcher 120, dressers (3) - 150, BBQ - 40, lawn fur *all items owned 50% with wife Carol Har	n table - 50, dining room n chairs (2) - 50, beds (3) - rniture - 20, tools - 30	\$432.50
		<u> </u>	
□ No	les: Televisions and radios; audio, video, stereo, and digital equipment including cell phones, cameras, media players, games Describe TVs (5) - 500, DVD player - 25. fridge - 150 & dryer - 150, freezer - 75		lections; electronic devices
	all items owned 50% with wife Carol Har	ris	\$475.00
Example No	bles of value les: Antiques and figurines; paintings, prints, or other artwork; books, other collections, memorabilia, collectibles Describe	pictures, or other art objects; stamp, coin, o	r baseball card collections;
Exampl	ent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicy musical instruments	cles, pool tables, golf clubs, skis; canoes an	d kayaks; carpentry tools;
■ Yes.	Describe		
	Golf Clubs		\$100.00
■ No □ Yes.	ples: Pistols, rifles, shotguns, ammunition, and related equipment Describe	cessories	
Yes.	Describe		

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1	Stanton Lewis H	arris	Case number (if know	wn)
	Clo	othing		\$50.00
□ No		, costume jewelry, engaલ્	gement rings, wedding rings, heirloom jewelry, watches, gem	s, gold, silver
	We	edding Band		\$50.00
□ No	rm animals bles: Dogs, cats, birds, Describe	horses		
	Tw	o dogs - 1 Carin Ter	rier and 1 Mini Schnauser - fixed	\$5.00
■ No □ Yes.	Give specific informat	of your entries from P	not already list, including any health aids you did not list art 3, including any entries for pages you have attached	\$1,112.50
	scribe Your Financial A n or have any legal d	ssets or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No		in your wallet, in your ho	ome, in a safe deposit box, and on hand when you file your po	etition
Examp ☐ No			ounts; certificates of deposit; shares in credit unions, brokerage with the same institution, list each. Institution name:	ge houses, and other similar
■ Yes		7.1. Checking	Fairwinds FCU Acct# 1102	\$1,835.43
		7.2. Savings	Northwest FCU Acct# 4650-0000	\$45.97
	17	7.3. Checking	Northwest FCU Acct# 4650-0030	\$1.00
	17	7.4. Savings	Fairwinds FCU Acct# 6129	\$40.00
Examp ■ No		ablicly traded stocks stment accounts with bro	okerage firms, money market accounts	

Case 6:18-bk-08031-KSJ Doc 1 Filed 12/31/18 Page 13 of 79

12/31/18 12:34PM Debtor 1 **Stanton Lewis Harris** Case number (if known) 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: **Pension** State of Florida Pension - no cash out value -\$0.00 monthly annuity only 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Case 6:18-bk-08031-KSJ Doc 1 Filed 12/31/18 Page 15 of 79

Debtor 1		Stanton Lewis Harris		Case number (if known)	
	☐ Yes.	Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You Die	d Not List Above		
_	Examp	have other property of any kind you did not already list? eles: Season tickets, country club membership			
_	■ No □ Yes. 0	Give specific information			
54.	Add th	he dollar value of all of your entries from Part 7. Write that n	umber here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$287,268.00
56.	Part 2	: Total vehicles, line 5	\$0.00	_	<u> </u>
57.	Part 3	: Total personal and household items, line 15	\$1,112.50		
58.	Part 4	: Total financial assets, line 36	\$1,922.40		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$3,034.90	Copy personal property total	\$3,034.90
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$290,302.90

Official Form 106A/B Schedule A/B: Property page 6

ill in this information to identify your case:						
Debtor 1	Stanton Lewis Ha	arris				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA			
Case number				☐ Check if this is an		

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming	? Check one only, ever	n if yo	our spouse is filing with you.	
	■ You are claiming state and federal nonban	kruptcy exemptions. 1	11 U.S	S.C. § 522(b)(3)	
	\square You are claiming federal exemptions. 11 ${\sf l}$	J.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	mpt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	671 Blenheim Loop Winter Springs,	\$287,268.00			Fla. Const. art. X, § 4(a)(1);
	FL 32708 Seminole County PARCEL ID# 35-20-30-505-0000-1700 50% owner with wife Carol Harris Line from Schedule A/B: 1.1		•	100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. §§ 222.01 & 222.02
	couches (2) - 100, love seat - 50, coffee tables (3) - 30, TV stand - 25,	\$432.50		\$330.00	Fla. Const. art. X, § 4(a)(2)
	entertainment center - 50, dining room table - 50, dining room chairs (4) - 100, kitchen table - 50, kitchen chairs (2) - 50, beds (3) - 120, dressers (3) - 150, BBQ - 40, lawn furni Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	TVs (5) - 500, DVD player - 25. fridge - 150, microwave - 50, washer & dryer -	\$475.00		\$475.00	Fla. Const. art. X, § 4(a)(2)
	150, freezer - 75 *all items owned 50% with wife Carol			100% of fair market value, up to any applicable statutory limit	

Line from Schedule A/B: 7.1

De	btor 1 Stanton Lewis Harris			Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Golf Clubs Line from Schedule A/B: 9.1	\$100.00		\$100.00	Fla. Const. art. X, § 4(a)(2)
				100% of fair market value, up to any applicable statutory limit	
	Wedding Band Line from Schedule A/B: 12.1	\$50.00		\$50.00	Fla. Const. art. X, § 4(a)(2)
	Zino nom odinodalo / v Zino			100% of fair market value, up to any applicable statutory limit	
	Two dogs - 1 Carin Terrier and 1 Mini Schnauser - fixed	\$5.00		\$5.00	Fla. Const. art. X, § 4(a)(2)
	Line from Schedule A/B: 13.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Fairwinds FCU Acct# 1102 Line from Schedule A/B: 17.1	\$1,835.43		\$1,835.43	Fla. Stat. Ann. §§ 121.131, 121.055(6)(e)
	Ellie II olii ochicadie A/B. 1111			100% of fair market value, up to any applicable statutory limit	121.000(0)(0)
	Savings: Northwest FCU Acct#	\$45.97		\$45.97	Fla. Stat. Ann. § 222.201; 11 U.S.C. § 522(d)(10)(A)
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	0.0.0.3 0.1.(0)(.0)(.0)
	Checking: Northwest FCU Acct#	\$1.00		\$1.00	Fla. Stat. Ann. § 222.201; 11 U.S.C. § 522(d)(10)(A)
	Line from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit	0.0.0.3 0.1.(0)(.0)(.0)
	Savings: Fairwinds FCU Acct# 6129 Line from Schedule A/B: 17.4	\$40.00		\$40.00	Fla. Const. art. X, § 4(a)(2)
	Ellie II olii ocheaule 24 B. 11.4			100% of fair market value, up to any applicable statutory limit	
	Pension: State of Florida Pension - no cash out value - monthly annuity	\$0.00		\$0.00	Fla. Stat. Ann. §§ 121.131, 121.055(6)(e)
	only Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	12.11000(0)(0)
	Federal: Potential Tax Refund for 2018 Federal Income Taxes - Joint	Unknown		\$0.00	11 U.S.C. § 522(b)(3)(B)
	with Non Filing Spouse Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 ■ No □ Yes. Did you acquire the property covere □ No	s years after that for ca	ises fi		
	☐ Yes				

	Case 6.16	2-DK-09031-K21 D00	JI Flied I	.2/31/18 Pa	ge 18 01 79	12/31/18 12:34P
Fill in this information	on to identify you	r case:				
Debtor 1	Stanton Lewis H	larris .				
Fi	irst Name	Middle Name	Last Name		-	
Debtor 2 (Spouse if, filing)	irst Name	Middle Name	Last Name		-	
United States Bankru	ptcy Court for the:	MIDDLE DISTRICT OF FLOR	RIDA		_	
Case number (if known)		-			_	c if this is an ded filing
Official Form 10	06D					
Schedule D:	Creditors	Who Have Claims	s Secured	by Propert	y	12/15
		f two married people are filing toge out, number the entries, and attach				
1. Do any creditors have	claims secured by	your property?				
☐ No. Check this	box and submit th	nis form to the court with your oth	er schedules. You	u have nothing else	to report on this form.	
Yes. Fill in all of	of the information I	pelow.				
Part 1: List All Se	cured Claims					
		nore than one secured claim, list the	creditor separately	Column A	Column B	Column C
for each claim. If more the much as possible, list the	han one creditor has e claims in alphabeti	a particular claim, list the other credit cal order according to the creditor's na	tors in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Home Point F	inancial	Describe the property that secure	es the claim:	\$268,405.00	\$287,268.00	\$0.00
Creditor's Name		671 Blenheim Loop Winter				
Attn: Corresp 11511 Luna R Farners Brand 75234	d, Ste 200	FL 32708 Seminole Count PARCEL ID# 35-20-30-505- 50% owner with wife Caro As of the date you file, the claim in apply.	-0000-1700 I Harris			
Number, Street, City,	State & Zip Code	☐ Unliquidated				
Who owes the debt?	Check one.	☐ Disputed Nature of lien. Check all that apply	y.			
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made (such a car loan)	as mortgage or secu	ıred		
Debtor 1 and Debtor	2 only	☐ Statutory lien (such as tax lien, n	nechanic's lien)			
At least one of the de	· ·	☐ Judgment lien from a lawsuit	,			
Check if this claim r	relates to a	Other (including a right to offset)	First Mortga	age		
	Opened 08/17 Last Active					
Date debt was incurred		Last 4 digits of account nu	mber 4077			
Add the dollar value	of your entries in C	olumn A on this nage. Write that nu	ımhar hara	\$268.4	05.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

If this is the last page of your form, add the dollar value totals from all pages.

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$268,405.00

Official Form 106D

	2.34	

		0430 0.10	DI 00001	LINGO DO	71 11100	12/01/10 1 age 10	12/31/18 12:34
Fill in	this inforn	nation to identify your	case:				
Debto	r 1	Stanton Lewis Ha	rris				
		First Name	Middle N	lame	Last Name		
Debtoi (Spouse		First Name	Middle N	lame	Last Name		
		nkruptcy Court for the:	MIDDLE DI	STRICT OF FLO			
0	. •	maproy Countries and					
Case r	number n)			_			☐ Check if this is an amended filing
		106E/F					
Sche	edule E	/F: Creditors W	ho Have	Unsecure	d Claims		12/15
Schedu Schedu left. Atta	le G: Execut le D: Credito ach the Con nd case nun	tory Contracts and Unexp ors Who Have Claims Sec	pired Leases (O cured by Proper ge. If you have	fficial Form 106G). rty. If more space i no information to r	Do not include s needed, copy	any creditors with partially secure the Part you need, fill it out, numb	erty (Official Form 106A/B) and on ed claims that are listed in ber the entries in the boxes on the f any additional pages, write your
		rs have priority unsecure					
_	No. Go to P		J	•			
	Yes.	u					
Part 2		l of Your NONPRIORIT	Y Unsecured	l Claims			
3. Do	anv credito	rs have nonpriority unsec	cured claims a	gainst vou?			
_	-	ve nothing to report in this p	•	-	th your other sch	edules.	
	Yes.						
uns tha	secured clain	n, list the creditor separately	y for each claim	. For each claim list	ed, identify what t	b holds each claim. If a creditor has type of claim it is. Do not list claims a three nonpriority unsecured claims	already included in Part 1. If more
							Total claim
4.1	Ally Fin	ancial Creditor's Name		Last 4 digits of a	count number	8670	\$0.00
	Attn: Ba	ankruptcy Dept		When was the de	bt incurred?	Opened 07/13 Last Activ 9/13/13	ve
	Number St	treet City State Zlp Code		As of the date yo	u file, the claim	is: Check all that apply	
	■ Debtor			☐ Contingent			
	☐ Debtor	- ,		☐ Unliquidated			
		1 and Debtor 2 only		☐ Disputed			
		t one of the debtors and an	other	Type of NONPRIC	ORITY unsecure	d claim:	
		if this claim is for a com		☐ Student loans			
	debt					ration agreement or divorce that you	u did not
	_	m subject to offset?		report as priority of			
	No			•	·-	g plans, and other similar debts	
	☐ Yes			Other. Specify	Automobile)	

Debtor	1 Stanton Lewis Harris		Case number (if known)	
4.2	Amex	Last 4 digits of account number	8973	\$0.00
	Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981540	When was the debt incurred?	Opened 04/07 Last Active 02/09	
	El Paso, TX 79998 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharir	a plane and other similar debte	
	■ No	·		
	Yes	Other. Specify Credit Card	1	
4.3	Barclays Bank Delaware Nonpriority Creditor's Name	Last 4 digits of account number	5447	\$1,809.00
	Attn: Correspondence Po Box 8801	When was the debt incurred?	Opened 05/17 Last Active 10/23/18	
	Wilmington, DE 19899 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	- ·		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.4	Capital One	Last 4 digits of account number	9483	\$3,620.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 03/15 Last Active 11/12/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	nation agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	I		

Debtor	1 Stanton Lewis Harris		Case number (if known)	
4.5	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	5898	\$0.00
	Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 11/27/12 Last Active 8/31/13	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.6	Capital One	Last 4 digits of account number	1805	\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 04/02 Last Active 11/03/06	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.7	Capital One	Last 4 digits of account number	8065	\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 05/10 Last Active 9/12/17	· · ·
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharin	on plans, and other similar debts	
	Yes	Other. Specify Credit Card	1	

Debtor	1 Stanton Lewis Harris		Case number (if known)					
4.8	Chase Mortgage	Last 4 digits of account number	2057	\$0.00				
	Nonpriority Creditor's Name Attn: Case Research & BK Po Box 24696 Columbus, OH 43224	When was the debt incurred?	Opened 02/13 Last Active 8/09/17					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?		ration agreement or divorce that you did not					
	No	Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes	Other. Specify VA Real Es	tate Mortgage					
4.9	Citi/Sears	Last 4 digits of account number	0413	\$0.00				
	Nonpriority Creditor's Name Citibank/Centralized Bankruptcy Po Box 790034 St Louis, MO 63179	When was the debt incurred?	Opened 04/07 Last Active 5/03/07					
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply					
	Who incurred the debt? Check one.	•						
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	□ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
	☐ Yes	Other. Specify Credit Card	<u> </u>					
4.1	Citibank North America	Last 4 digits of account number	1183	\$0.00				
	Nonpriority Creditor's Name Attn: Recovery/Centralized Bankruptcy Po Box 790034	When was the debt incurred?	Opened 5/20/18 Last Active 6/29/18					
	St Louis, MO 63179 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt		ration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims						
	No	Debts to pension or profit-sharin						
	Yes	Other. Specify Charge Account						

1 Stanton Lewis Harris		Case number (if known)	
Citibank North America	Last 4 digits of account number	2818	\$0.0
Nonpriority Creditor's Name Citibank Corp/Centralized Bankruptcy Po Box 790034	When was the debt incurred?	Opened 11/12 Last Active 4/04/17	
St Louis, MO 63179 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
Citibank/The Home Depot	Last 4 digits of account number	3020	\$0.0
Nonpriority Creditor's Name	_		
Attn: Recovery/Centralized Bankruptcy	When was the debt incurred?	Opened 11/12 Last Active 3/20/18	
Po Box 790034	when was the debt incurred?	3/20/16	
St Louis, MO 63179	_		
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin		
Yes	Other. Specify Charge Acc	count	
Comenity Bank/trek	Last 4 digits of account number	8382	\$0.0
Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125	When was the debt incurred?	Opened 03/18 Last Active 12/18	
Columbus, OH 43218 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	■ Other. Specify Charge Acc	count	

Stanton Lewis Harris		Case number (if known)	
Comenitybank/jared	Last 4 digits of account number	3434	\$0.0
Nonpriority Creditor's Name	Last 4 digits of account number		φυ.(
Attn: Bankruptcy Dept		Opened 04/16 Last Active	
Po Box 18215	When was the debt incurred?	9/07/17	
Columbus, OH 43218 Number Street City State Zlp Code	As of the date you file, the claim i	is: Chack all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	в. Спеск ан шасарру	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
_	☐ Student loans	- Oldini.	
☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	nation agreement of divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Comenitybank/kayjewe	Last 4 digits of account number	2470	\$0.0
Nonpriority Creditor's Name	Last 4 digits of account number		Ψ0.
Attn: Bankruptcy Dept		Opened 04/16 Last Active	
Po Box 182125	When was the debt incurred?	1/26/17	
Columbus, OH 43218 Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	7.0 0 , 0 ,	or officer an inac apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	agreement or arrened that you are not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Credit First National Assoc	Last 4 digits of account number	9287	\$0.0
Nonpriority Creditor's Name	_		
Attn: Bankruptcy Po Box 81315	When was the debt incurred?	Opened 03/11 Last Active	
Cleveland, OH 44181	when was the dept incurred?	7/02/18	
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	■ Other. Specify Charge Acc		

Debtor	1 Stanton Lewis Harris	Case number (if known)			
4.1 7	Credit One Bank	Last 4 digits of account number	7344	\$0.00	
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim	Opened 8/08/13 Last Active 9/27/13 s: Check all that apply		
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other. Specify Credit Card	<u> </u>		
4.1 8	Dicks Score Rewards	Last 4 digits of account number	2019	\$1,456.21	
	Nonpriority Creditor's Name PO Box 960012 Orlando, FL 32896	When was the debt incurred?			
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other. Specify Credit Card	<u> </u>		
4.1	First National Bank	Last 4 digits of account number	1858	\$4,602.00	
	Nonpriority Creditor's Name Attn: Tina 1620 Dodge St Mailstop 4440 Omaha, NE 68197	When was the debt incurred?	Opened 01/18 Last Active 11/09/18		
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharin			
	Yes	Other. Specify Credit Card	<u> </u>		

or 1 Stanton Lewis Harris		Case number (if known)	
Genesis Finance	Last 4 digits of account number	4483	\$81,357.00
Nonpriority Creditor's Name 3161 Michelson Dr Ste 19 Irvine, CA 92612	When was the debt incurred?	Opened 07/18 Last Active 10/31/18	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes		ed Hyundai Genesis Lease - Vin # A6JU043672 - voluntary Repo in 2018	
Gf	Last 4 digits of account number	3296	\$0.00
Nonpriority Creditor's Name	_	0	
3161 Michelson Dr Ste 19 Irvine, CA 92612	When was the debt incurred?	Opened 8/16/17 Last Active 8/30/18	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Auto Lease	9	
Hyundai Motor Finance	Last 4 digits of account number	4902	\$59,914.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 20829	When was the debt incurred?	Opened 10/18 Last Active 11/30/18	
Fountain City, CA 92728 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□Yes		ed Hyundai Santa Fe Vin # FXJU290249 - voluntary repo in 2018	

Stanton Lewis Harris	Case number (if known)		
Hyundai Motor Finance	Last 4 digits of account number	2188	\$0.
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 20809 Fountain Valley, CA 92728	When was the debt incurred?	Opened 06/14 Last Active 9/03/14	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	Пол		
_	☐ Contingent		
Debtor 2 only	☐ Unliquidated☐ Disputed		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?		aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
☐ Yes	Other. Specify Lease		
Hyundai Motor Finance	Last 4 digits of account number	9119	\$0.
Nonpriority Creditor's Name	_		
Attn: Bankruptcy Po Box 20829	When was the debt incurred?	Opened 09/13 Last Active 7/18/14	
Fountain City, CA 92728 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	Пол		
•	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Automobile	9	
Hyundai Motor Finance	Last 4 digits of account number	3333	\$0.
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 20809	When was the debt incurred?	Opened 10/13 Last Active 7/02/14	
Fountain Valley, CA 92728 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Lease		

Stanton Lewis Harris		Case number (if known)	
Hyundai Motor Finance	Last 4 digits of account number	8628	\$0.0
Nonpriority Creditor's Name	Last 4 digits of account number		Ψ0.0
Attn: Bankruptcy		Opened 06/13 Last Active	
Po Box 20809	When was the debt incurred?	3/03/14	
Fountain Valley, CA 92728 Number Street City State Zlp Code	As of the date you file, the claim i	is: Chack all that apply	
Who incurred the debt? Check one.	As of the date you me, the dam's	S. Offeck all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Student loans	- Ordini	
☐ Check if this claim is for a community debt	_	aration agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	tration agreement of divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Lease		
Hyundai Motor Finance	Last 4 digits of account number	9995	\$0.0
Nonpriority Creditor's Name			,
Attn: Bankruptcy		Opened 02/13 Last Active	
Po Box 20809	When was the debt incurred?	8/05/13	
Fountain Valley, CA 92728 Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	7.0 07 11.0 44.0 704 11.0, 11.0 014.11.1	or chook an anat apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		aration agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	agreement of arrenes that you are not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
□ Yes	Other. Specify Lease		
Hyundai Motor Finance	Last 4 digits of account number	1220	\$0.0
Nonpriority Creditor's Name	_		
Attn: Bankruptcy Po Box 20829	When was the debt incurred?	Opened 02/13 Last Active 7/01/13	
Fo Box 20029 Fountain City, CA 92728	when was the dept incurred:	7/01/13	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Automobile		

Stanton Lewis Harris	Case number (if known)		
Hyundai Motor Finance	Last 4 digits of account number	5992	\$0.
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 20829 Fountain City, CA 92728	When was the debt incurred?	Opened 10/11 Last Active 6/13/12	
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	_		
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
No	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debte	
Yes	Other. Specify Automobile	9	
Hyundai Motor Finance	Last 4 digits of account number	0808	\$0.
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 20829	When was the debt incurred?	Opened 09/10 Last Active 9/14/11	
Fountain City, CA 92728 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Automobile	9	
Hyundai Motor Finance	Last 4 digits of account number	1144	\$0.
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 20809	When was the debt incurred?	Opened 04/15 Last Active 12/15/16	
Fountain Valley, CA 92728 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	Other. Specify Lease		

Stanton Lewis Harris	Case number (if known)		
Hyundai Motor Finance Nonpriority Creditor's Name	Last 4 digits of account number	9273	\$0.00
Attn: Bankruptcy Po Box 20809 Fountain Valley, CA 92728 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim i	Opened 03/16 Last Active 1/03/18	
Who incurred the debt? Check one.	As of the date you file, the claim i	S. Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Lease		
Hyundai Motor Finance	Last 4 digits of account number	6568	\$0.0
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 20829	When was the debt incurred?	Opened 03/16 Last Active 8/22/17	
Fountain City, CA 92728 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Automobile		
Hyundai Motor Finance	Last 4 digits of account number	7340	\$0.0
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 20809 Fountain Valley, CA 92728	When was the debt incurred?	Opened 11/16 Last Active 8/24/17	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sona	ration agreement or diverse that you did not	
Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Lease		

1 Stanton Lewis Harris	Case number (if known)		
Hyundai Motor Finance	Last 4 digits of account number	1299	\$0.0
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 20829 Fountain City, CA 92728	When was the debt incurred?	Opened 05/14 Last Active 3/08/16	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
_	П -		
Debtor 1 only	Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
At least one of the debtors and another	Student loans	u Ciaiiii.	
☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	on plans, and other similar debts	
Yes	Other. Specify Automobile		
	— Other. Specify	·	
Hyundai Motor Finance	Last 4 digits of account number	1721	\$0.
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 20829 Fountain City, CA 92728	When was the debt incurred?	Opened 09/14 Last Active 4/22/15	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Automobile)	
Hyundai Motor Finance	Last 4 digits of account number	7554	\$0.
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 20829	When was the debt incurred?	Opened 03/14 Last Active 4/22/15	
Fountain City, CA 92728 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharin		
Yes	Other. Specify Automobile	•	

1 Stanton Lewis Harris	Case number (if known)		
Jared/Sterling Jewelers	Last 4 digits of account number	5160	\$0.0
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3680 Akron, OH 44309 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim in	Opened 10/11 Last Active 9/28/12	
Who incurred the debt? Check one.	As of the date you file, the claim	в. Спеск ан так арргу	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Jared/Sterling Jewelers	Last 4 digits of account number	7099	\$0.0
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3680	When was the debt incurred?	Opened 04/16 Last Active 9/07/17	
Akron, OH 44309 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Jared/Sterling Jewelers	Last 4 digits of account number	3712	\$0.
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3680 Akron, OH 44309	When was the debt incurred?	Opened 12/07 Last Active 8/18/09	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing		
Yes	■ Other. Specify Charge Acc	count	

Stanton Lewis Harris	Case number (if known)		
Kohls/Capital One	Last 4 digits of account number	1325	\$0.0
Nonpriority Creditor's Name			Ψ0.0
Kohls Credit		Opened 02/09 Last Active	
Po Box 3120	When was the debt incurred?	12/28/16	
Milwaukee, WI 53201 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	·	,	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	☐ Debts to pension or profit-sharin		
Yes	Other. Specify Charge Acc	count	
Macdill Air Force Bk	Last 4 digits of account number	0800	\$0.0
Nonpriority Creditor's Name			· · ·
(Grow Financial FCU)		Opened 06/12 Last Active	
Attn: Bankruptcy Po Box 89909	When was the debt incurred?	3/07/13	
Tampa, FL 33689			
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Automobile	9	

Merrick Bank/CardWorks Nonpriority Creditor's Name	Last 4 digits of account number	9321	\$996.0
Attn: Bankruptcy		Opened 07/14 Last Active	
Po Box 9201	When was the debt incurred?	11/01/18	
Old Bethpage, NY 11804	As of the date you file, the claim	in Charle all that annie	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Спеск ан that арргу	
Debtor 1 only	Continued.		
Debtor 2 only	☐ Contingent☐ Unliquidated		
	<u> </u>		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
At least one of the debtors and another	☐ Student loans		
Check if this claim is for a community debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	or plane, and other circiles debte	
■ No	Debts to pension or profit-sharin		
Yes	Other. Specify Credit Card	<u> </u>	

	Case number (if known)		
Northwest Federal Cu	Last 4 digits of account number	0002	\$0.
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1229 Herndon, VA 20172	When was the debt incurred?	Opened 06/15 Last Active 3/11/16	
Number Street City State ZIp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	i ciaim:	
☐ Check if this claim is for a community debt		ration care amont or divares that you did not	
ls the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Automobile	<u> </u>	
Northwest Federal Cu	Last 4 digits of account number	0003	\$0.
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1229	When was the debt incurred?	Opened 03/16 Last Active 7/27/18	
Herndon, VA 20172 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	□ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
□ Yes	Other. Specify Automobile	• •	
Northwest Federal Cu	Last 4 digits of account number	0002	\$0.
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1229	When was the debt incurred?	Opened 03/16 Last Active 4/06/17	
Herndon, VA 20172 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Automobile		

1 Stanton Lewis Harris	Case number (if known)		
Northwest Federal Cu	Last 4 digits of account number	0001	\$0.0
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1229 Herndon, VA 20172	When was the debt incurred?	Opened 12/17 Last Active 10/05/18	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	Пол		
	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	I claim:	
At least one of the debtors and another	Student loans	i Claiii.	
☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
□ Yes	■ Other Specify Automobile	• •	
Dno Ponk		5993	\$0.
Pnc Bank Nonpriority Creditor's Name	Last 4 digits of account number		Ф О.
Atn: Bankruptcy Department Po Box 94982: Ms: Br-Yb58-01-5 Cleveland, OH 44101	When was the debt incurred?	Opened 10/11 Last Active 5/21/12	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Automobile		
Pnc Bank	Last 4 digits of account number	0758	\$0.
Nonpriority Creditor's Name Atn: Bankruptcy Department	_	Opened 05/12 Last Active	
Po Box 94982: Ms: Br-Yb58-01-5 Cleveland, OH 44101	When was the debt incurred?	6/14/13	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	·	• •	
Yes	Other. Specify Automobile	<u> </u>	

1 Stanton Lewis Harris		Case number (if known)	
Realtors Fcu	Last 4 digits of account number	4650	\$0.0
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1229	When was the debt incurred?	Opened 04/15 Last Active 3/11/16	
Herndon, VA 20172 Number Street City State Zlp Code	As of the date you file, the claim i		
Who incurred the debt? Check one.	·	,	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Automobile		
Regions Bank	Last 4 digits of account number	3320	\$0.
Nonpriority Creditor's Name		Opened 00/42 Least Active	
Attn: Bankruptcy Po Box 10063	When was the debt incurred?	Opened 09/12 Last Active 3/29/13	
Birmingham, AL 35244	_		
Number Street City State ZIp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	i ciaim:	
☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Check Cred	lit Or Line Of Credit	
Santander Consumer USA	Last 4 digits of account number	1000	\$0.
Nonpriority Creditor's Name Attn: Bankruptcy	_	Opened 06/13 Last Active	
Po Box 961245	When was the debt incurred?	6/04/14	
Fort Worth, TX 76161 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	•		
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	and and advanced to the second	
■ No	☐ Debts to pension or profit-sharin	• •	
Yes	Other. Specify Automobile)	

1 Stanton Lewis Harris						
Sterling Jewelers, Inc.	Last 4 digits of account number	1179	\$0.00			
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1799	When was the debt incurred?	<u> </u>				
Akron, OH 44309 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i					
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	_	ration agreement or divorce that you did not				
■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
Yes	■ Other. Specify Charge Acc	count				
Syncb/Rooms To Go	Last 4 digits of account number	4347	\$0.00			
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060	When was the debt incurred?	Opened 04/16 Last Active 3/06/17				
Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims					
■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
Yes	Other. Specify Charge Acc	count				
Synchrony Bank	Last 4 digits of account number	6202	\$0.00			
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orleado El 33806	When was the debt incurred?	Opened 11/16/12 Last Active 12/12/13				
Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
□Yes	Other. Specify Charge Acc	count				

1 Stanton Lewis Harris							
Synchrony Bank/ JC Penneys	Last 4 digits of account number	4011	\$0.0				
Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim i	Opened 12/07 Last Active 1/25/08					
Who incurred the debt? Check one.	As of the date you me, the claim i						
■ Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
☐ Check if this claim is for a community	☐ Student loans						
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not					
■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
Yes	■ Other. Specify Charge Acc	count					
Synchrony Bank/Care Credit	Last 4 digits of account number	2019	\$1,442.0				
Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060	When was the debt incurred?	Opened 06/17 Last Active 12/02/18	. ,				
Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.							
■ Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
☐ Check if this claim is for a community	☐ Student loans						
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims						
■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
Yes	■ Other. Specify Credit Card	<u> </u>					
Synchrony Bank/Lowes	Last 4 digits of account number	6538	\$0.				
Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 11/12 Last Active 2/23/16					
Number Street City State Zlp Code Who incurred the debt? Check one.							
■ Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
☐ Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
☐ Check if this claim is for a community	☐ Student loans						
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not					
■ No	Debts to pension or profit-sharing	• •					
□Yes	■ Other. Specify Charge Acc	count					

or 1 Stanton Lewis Harris		Case number (if known)			
Synchrony Bank/Sams	Last 4 digits of account number	9081	\$1,313.0		
Nonpriority Creditor's Name			¥1,0101		
Attn: Bankruptcy		Opened 05/16 Last Active			
Po Box 965060 Orlando, FL 32896	When was the debt incurred?	11/04/18			
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply			
Who incurred the debt? Check one.	•	,			
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	□ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
☐ Check if this claim is for a community	☐ Student loans				
lebt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
Yes	■ Other. Specify Charge Acc				
⊒ res	Other. Specify Charge Act				
Synchrony Bank/Sams Club Nonpriority Creditor's Name	Last 4 digits of account number	2825	\$2,496.0		
Nonpriority Creditor's Name Attn: Bankruptcy Dept		Opened 01/18 Last Active			
Po Box 965060	When was the debt incurred?	11/04/18			
Orlando, FL 32896					
Number Street City State ZIp Code	As of the date you file, the claim i	is: Check all that apply			
Who incurred the debt? Check one.					
Debtor 1 only	Contingent				
Debtor 2 only	Unliquidated				
Debtor 1 and Debtor 2 only	Disputed				
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community lebt	Student loans				
s the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
⊒ Yes	■ Other. Specify Credit Card				
Synchrony Bank/Sams Club	Last 4 digits of account number	3259	\$0.0		
Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 1/22/18 Last Active 8/27/18			
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply			
Who incurred the debt? Check one.	•	,			
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	Student loans				
lebt s the claim subject to offset?	_	ration agreement or divorce that you did not			
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
No □ Debts to pension or profit-sharing plans, and other similar debts					

Synchrony Bank/TJX	Last 4 digits of account number	9106	\$0.
Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 4/28/17 Last Active 3/12/18	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i		
Debtor 1 only	Пол		
_	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
At least one of the debtors and another	Student loans	a ciaiii.	
☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	on plans, and other similar debts	
■ No	Other. Specify Credit Card		
	Other. Specify	·	
Synchrony Bank/TJX Nonpriority Creditor's Name	Last 4 digits of account number	0577	\$0
Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 4/28/17 Last Active 2/21/18	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
TD Bank	Last 4 digits of account number	1769	\$0
Nonpriority Creditor's Name Attn: Bankruptcy 1701 Rt 70 E	When was the debt incurred?	Opened 05/05 Last Active 7/07/09	
Cherry Hill, NJ 08034 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	■ Other. Specify Automobile	•	

Debtor	1 Stanton I	Lewis Harris		Case n	umber (if kn	nown)		
4.6 5		ard Services	Last 4 digits of account number	5605	;			\$0.00
	Nonpriority Cre Rooms to 0 1000 Macai Mahwah, N	Go rthur Rd	When was the debt incurred?	Opei 4/02/		2 Last Active		
	Number Street	City State ZIp Code	As of the date you file, the claim	is: Chec	k all that app	oly		
	_	the debt? Check one.						
	■ Debtor 1 on	ıly	☐ Contingent					
	Debtor 2 on	lly	☐ Unliquidated					
	Debtor 1 an	d Debtor 2 only	☐ Disputed					
	☐ At least one	of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
		is claim is for a community	☐ Student loans					
	debt Is the claim su	ıbject to offset?	☐ Obligations arising out of a separeport as priority claims	ration aç	greement or	divorce that you did	d not	
	No		Debts to pension or profit-sharing	g plans,	and other si	milar debts		
	Yes		Other. Specify Charge Acc	count				
4.6	Wells Farge	o Dealer Services	Last 4 digits of account number	8263				\$0.00
	Nonpriority Cre	ditor's Name						
	Attn: Bank Po Box 196 Irvine, CA 9	557	When was the debt incurred?	Opei 11/0:		Last Active		
	Number Street	City State Zlp Code the debt? Check one.	As of the date you file, the claim	is: Chec	k all that app	bly		
	Debtor 1 on	ıly	☐ Contingent					
	Debtor 2 on	ly	☐ Unliquidated					
	Debtor 1 an	d Debtor 2 only	☐ Disputed					
	☐ At least one	of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if th	is claim is for a community	☐ Student loans					
	debt Is the claim su	ubject to offset?	Obligations arising out of a separeport as priority claims	ration aç	greement or	divorce that you did	d not	
	■ No		Debts to pension or profit-sharing	g plans,	and other si	milar debts		
	☐ Yes		Other. Specify Automobile)				
Part 3:	List Other	s to Be Notified About a Debt	That You Already Listed					
is tryii have i notifie	ng to collect from more than one ed for any debts	om you for a debt you owe to som creditor for any of the debts that y s in Parts 1 or 2, do not fill out or		Parts 1	or 2, then I	ist the collection a	agency here. S	Similarly, if you
Part 4:		mounts for Each Type of Uns					FO. A 1141	
	tne amounts of of unsecured cla		s. This information is for statistical r	eporting	purposes	only. 28 U.S.C. §1:	59. Add the an	nounts for each
						Total Claim		
	6a.	Domestic support obligations		6a.	\$		0.00	
	Total aims							
from P		Taxes and certain other debts y	ou owe the government	6b.	\$		0.00	
	6c.		jury while you were intoxicated	6c.	\$		0.00	
	6d.	Other. Add all other priority unse	cured claims. Write that amount here.	6d.	\$		0.00	
	6e.	Total Priority. Add lines 6a throu	gh 6d.	6e.	\$		0.00	
						Total Claim		
	6f.	Student loans		6f.	\$	i otal Olalili	0.00	
from P	aims Part 2 6g.	Obligations arising out of a sep	paration agreement or divorce that	6g.	\$		0.00	

Debtor 1 Stanton Lewis Harris

Harris Case number (if known)

- you did not report as priority claims h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. **Other.** Add all other nonpriority unsecured claims. Write that amount
- 6j. Total Nonpriority. Add lines 6f through 6i.

6h.	\$ 0.00
6i.	\$ 159,005.21

6j. \$ _____**159,005.21**

Fill in this infor					
Debtor 1	Stanton Lewis Ha	ırris			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA		
Case number					
(if known)					☐ Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

P	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Hyundai Motor Finance Attn: Bankruptcy Po Box 20809 Fountain Valley, CA 92728	Acct# 1814119432, Opened 09/18, Co-Signer on Lease for 2017 Tuscon with Daughter, who drives the car and makes the payments

Case 6:18-bk-08031-KSJ Doc 1 Filed 12/31/18 Page 44 of 79

	0000 0.10	DR COCCE ROC	D001 1 1100 12/	orre rage	12/31/18 12:34F
Fill in thi	s information to identify your	case:			
Debtor 1	Stanton Lewis H	arris			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fi	ling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA		
Case nun	nher				
(if known)					☐ Check if this is an amended filing
Officia	al Form 106H				
	dule H: Your Cod	lebtors			12/15
					.2.13
our nam	e and case number (if known you have any codebtors? (if). Answer every question		, 0	p of any Additional Pages, write
□ No ■ Ye					
	thin the last 8 years, have yo na, California, Idaho, Louisiana				ty states and territories include)
■ No	o. Go to line 3.				
☐ Ye	es. Did your spouse, former spo	ouse, or legal equivalent live	with you at the time?		
in lin Form	e 2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make su	ire you have listed t	ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
3.1	Carol Stanton			■ Schedule D,	line 2.1
	671 Blenheim Loop Winter Springs, FL 32708	•		☐ Schedule E/F	
	Spouse is joint on the mo			☐ Schedule G _	
				Home Point Fir	nancial Corp
2.0	lillion Howic				ı.
3.2	Jillian Harris 339 Sandpiper Drive			☐ Schedule D, I☐ Schedule E/F	
	Casselberry, FL 32707			■ Schedule E/F	
	Debtor co signed for Dau	ighter's car lease for 20	017 Tuscon	Hyundai Motor	

	in this information to identify your c			
Del	otor 1 Stanton Lev	wis Harris		
	otor 2 use, if filing)			
Jni	ted States Bankruptcy Court for the	e: MIDDLE DISTRICT (OF FLORIDA	
Cas	se number			Check if this is:
(If kr	own)		_	☐ An amended filing
				A supplement showing postpetition chapted 13 income as of the following date:
0	fficial Form 106I			MM / DD/ YYYY
S	chedule I: Your Inc	ome		12
up po tta	olying correct information. If you use. If you are separated and you ch a separate sheet to this form.	are married and not fili or spouse is not filing w On the top of any addit	ing jointly, and your spouse is ith you, do not include inform	1 and Debtor 2), both are equally responsible fo living with you, include information about your ation about your spouse. If more space is needed and case number (if known). Answer every questions are not case number (if known).
up po tta ₽a	olying correct information. If you use. If you are separated and you	are married and not fili or spouse is not filing w On the top of any addit	ing jointly, and your spouse is ith you, do not include inform	living with you, include information about your ation about your spouse. If more space is needed
up po tta ₽a	olying correct information. If you use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment information.	are married and not fili ur spouse is not filing w On the top of any addit	ng jointly, and your spouse is ith you, do not include informational ional pages, write your name a	living with you, include information about your ation about your spouse. If more space is needed and case number (if known). Answer every question
up po tta ₽a	clying correct information. If you use. If you are separated and you ch a separate sheet to this form. It : Describe Employment information. If you have more than one job, attach a separate page with information about additional	are married and not fili or spouse is not filing w On the top of any addit	ng jointly, and your spouse is ith you, do not include informational pages, write your name a Debtor 1	living with you, include information about your ation about your spouse. If more space is needed and case number (if known). Answer every question about your spouse Debtor 2 or non-filing spouse
up po tta ₽a	clying correct information. If you use. If you are separated and you ch a separate sheet to this form. The Describe Employment information. If you have more than one job, attach a separate page with	are married and not fili ur spouse is not filing w On the top of any addit	ng jointly, and your spouse is ith you, do not include informational pages, write your name a Debtor 1	living with you, include information about your ation about your spouse. If more space is needed and case number (if known). Answer every question between the company of t
up po tta ₽a	clying correct information. If you use. If you are separated and you ch a separate sheet to this form. It : Describe Employment information. If you have more than one job, attach a separate page with information about additional	are married and not fili ur spouse is not filing w On the top of any addit	ng jointly, and your spouse is ith you, do not include informational pages, write your name at the pages is the pages in the pages is included informational pages, write your name at the page is included in the page is inc	Iliving with you, include information about your ation about your spouse. If more space is needed and case number (if known). Answer every question about your spouse of the property of the p
up po tta ₽a	blying correct information. If you use. If you are separated and you ch a separate sheet to this form. The Describe Employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or	are married and not fili ur spouse is not filing w On the top of any addit Employment status Occupation	ng jointly, and your spouse is ith you, do not include informational pages, write your name at the pages is the pages in the pages is included informational pages, write your name at the page is included in the page is inc	Iliving with you, include information about your ation about your spouse. If more space is needed and case number (if known). Answer every question about your spouse of the property of the p
sup spo atta	clying correct information. If you use. If you are separated and you ch a separate sheet to this form. The separate sheet to this form. Describe Employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student	are married and not filing wood on the top of any addit Employment status Occupation Employer's name	ng jointly, and your spouse is ith you, do not include informational pages, write your name at the policy of the p	Iliving with you, include information about your ation about your spouse. If more space is needed and case number (if known). Answer every question about your spouse of the property of the p

spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.

- Estimate and list monthly overtime pay. 3.
- Calculate gross Income. Add line 2 + line 3.

		For Debtor 1		For Debtor 2 or non-filing spouse			
2.	\$	0.00		\$	0.00		
3.	+\$	0.00	. +	+\$	0.00		
4.	\$	0.00		\$	0.00		

For Debtor 1	Debt	or 1	Stanton Lewis Harris	_	С	ase number (<i>if knov</i>	vn)				
Copy line 4 here											
S. List all payroll deductions: 56. Tax, Medicare, and Social Security deductions 57. Mandatory contributions for retirement plans 58. \$ 0.00 \$ 0.00 59. Mandatory contributions for retirement plans 50. Social Security deductions 50. Required repayments of retirement plans 50. Social Security deductions for retirement plans 50. Social Security						For Debtor 1					
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for testiment fund loans 5c. Voluntary contributions for voluntary voluntary contributions for voluntary contributions for voluntary contributions for voluntary selections. 8c. Voluntary contributions for voluntary for voluntary for voluntary for voluntary voluntary voluntary for voluntary for voluntary volunta		Cop	v line 4 here	4.	-	\$ 0.0	00				
58. Tax, Medicare, and Social Security deductions 50. Mandatory contributions for retirement plans 50. \$ 0.00 50. Wandatory contributions for retirement plans 50. \$ 0.00 50. Required repayments of retirement plans 50. \$ 0.00 50. No. \$ 0.00 50. Insurance 51. Domestic support obligations 52. Insurance 53. \$ 0.00 53. 0.00 54. \$ 0.00 55. Insurance 55. Domestic support obligations 56. \$ 0.00 57. \$ 0.00 58. 0.00 59. 0.		•	,					· —			
55. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. So. 0.00 5c. Voluntary contributions for retirement plans 5c. So. 0.00 5c. Insurance 6c. So. 0.00 5c. O.00	5.	List	all payroll deductions:								
55. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. So. 0.00 5c. Voluntary contributions for retirement plans 5c. So. 0.00 5c. Insurance 6c. So. 0.00 5c. O.00		5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 0.0	00	\$		0.00	
5d. \$ 0.00 \$ 0.00 5e. Insurance 5e. S. 0.00 \$ 0.00 5g. Union dues 5g. Union dues 5g. \$ 0.00 \$ 0.00 5h. Other deductions. Specify: 5h. \$ 0.00 \$ 0.00 5h. Other deductions. Specify: 5h. \$ 0.00 \$ 0.00 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 8. List all other income regional representations of from line 4. 7. \$ 0.00 \$ 0.00 8. List all other income regional representations of from line 4. 8a. \$ 0.00 \$ 0.00 8. List all other income regional representations of from line 4. 8a. \$ 0.00 \$ 0.00 8. List all other season and the statement for each property and business, profession, or farm Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b. \$ 0.00 \$ 0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8c. Social Security 8c. \$ 0.00 \$ 0.00 8c. Social Security 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.00 8c. \$ 1,987.00 \$ 1,483.80 8c. \$ 0.00 \$ 0.0		5b.	· · · · · · · · · · · · · · · · · · ·	5b.							
5e. Insurance		5c.	Voluntary contributions for retirement plans	5c.		\$ 0.0	00	\$		0.00	
5f. Domestic support obligations 5g. Union dues 5g. Union dues 5h. Other deductions. Specify: 5h. \$ 0.00 \$ 0.00 5h. Other deductions. Specify: 5h. \$ 0.00 \$ 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly network and the device and		5d.	Required repayments of retirement fund loans	5d.		\$ 0.0	00	\$		0.00	
5g, \$ 0.00 \$ 0.00 6. Add the payroll deductions. Specify: 5h, \$ 0.00 \$ 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each propenty and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. \$ 0.00 \$ 0.00 8d. \$ 0.00 \$ 0.00 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. \$ 0.00 \$ 0.00 8g. \$ 1,987.00 \$ 1,483.80 8f. \$ 0.00 \$ 0.00 8g. \$ 2,021.51 \$ 2,695.81 Nother government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Annuity Income - Prudential 8h. \$ 0.00 \$ 0.00 8h. \$ 0.00 \$ 0.00 8n.		5e.	Insurance	5e.		\$ 0.0	00	\$		0.00	
5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Increast and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unamployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Annuity Income - Prudential 8h. \$ 0.00 \$ 0.00 8h. \$ 0.00 \$ 0.00 9 0.00 8h. \$ 0.00 \$ 0		5f.	Domestic support obligations	5f.		·		\$		0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5l+5g+5h. 6. \$ 0.00 \$ 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Annuity Income - Prudential 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,008.51		-		-		. —					
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8. Interest and dividends 8. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8. Unemployment compensation 8. Social Security 8. Outher government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (hendfits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8. Pension or retirement income 8. Question of the monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. Calculate monthly income. Add line 7 + line 9. 11. State all Other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 12. So not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 13. Do you expect an increase or decrease within the year after you file this form?		5h.	Other deductions. Specify:	5h.	+	\$0.0	00	⊦ \$		0.00	
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Social Security 8e. \$ 0.00 \$ 0.00 8e. Social Security 8e. \$ 1,987.00 \$ 1,483.80 8f. Other government assistance that you regularly receive include cash assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00 8g. Pension or retirement income 8g. \$ 2,021.51 \$ 2,695.81 8h. Other monthly income. Specify: Annuity Income - Prudential 8h. \$ 0.00 \$ \$ 956.97 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,008.51 \$ 5,136.58 = \$ 9,145.09 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. \$ 9,145.0	6.							· —			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Social Security 8c. \$ 0.00 \$ 0.00 8e. Social Security 8f. \$ 0.00 \$ 0.00 8e. Social Security 8f. \$ 0.00 \$ 0.00 8e. Social Security 8f. \$ 0.00 \$ 0.00 8g. Property settlement income Include cash assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income 8g. \$ 2.021.51 \$ 2.695.81 8h. Other monthly income. Specify: Annuity Income - Prudential 8h. \$ 0.00 \$ 956.97 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4.008.51 \$ 5,136.58 = \$ 9,145.09 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 9,145.09 Combined monthly income.	7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	(0.0	00	\$		0.00	
8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8d. Unemployment compensation 8d. Unemployment saistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Annuity Income - Prudential 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,008.51 } \$ 5,136.58 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,008.51 } \$ 5,136.58 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form?	8.		Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross								
8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security Include cash assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income 8h. Other monthly income. Specify: Annuity Income - Prudential 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,008.51 \$ 5,136.58 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. ** ** 0.00** 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it splits in the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it splits in the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it splits in the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it splits in the summary of Schedules and Statistical Summary of Certain Liabilit				8a.		\$ 0.0	00	\$		0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8g. Pension or retirement income 8h. Other monthly income. Specify: Annuity Income - Prudential 8h. \$ 0.00 \$ 2.695.81 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,008.51 \$ 5,136.58 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 9,145.09		8b.	·								
settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00 8g. Pension or retirement income 8g. \$ 2,021.51 \$ 2,695.81 8h. Other monthly income. Specify: Annuity Income - Prudential 8h. \$ 0.00 \$ \$ 0.00 956.97 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,008.51 \$ 5,136.58 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 9,145.09 Combined monthly income. 13. Do you expect an increase or decrease within the year after you file this form?		8c.	regularly receive	t							
8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Annuity Income - Prudential 8h. + \$ 0.00 \$ 0.00 8g. \$ 2,021.51 \$ 2,695.81 8h. + \$ 0.00 * 956.97 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,008.51 \$ 5,136.58 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form?				8c.		\$ 0.0	00	\$		0.00	
8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Annuity Income - Prudential 8h. + \$ 0.00 \$ 0.00 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,008.51 \$ 5,136.58 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.		8d.		8d.							
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Annuity Income - Prudential 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,008.51 \$ 5,136.58 \$ 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.		8e.		8e.		\$ 1,987.0	00	\$	1,48	3.80	
8h. Other monthly income. Specify: Annuity Income - Prudential 8h. + \$ 0.00 + \$ 956.97 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,008.51 \$ 5,136.58 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No.		8f.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			\$ 0.0	00	\$		0.00	
8h. Other monthly income. Specify: Annuity Income - Prudential 8h. \$ 0.00 + \$ 956.97 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,008.51 \$ 5,136.58 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 9,145.09 Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form?		8g.	Pension or retirement income	— 8g.		\$ 2,021.5	51	\$	2,69	5.81	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 9,145.09 Combined monthly income No.		8h.	Other monthly income. Specify: Annuity Income - Prudential	8h.	+	\$ 0.0	00 -	+ \$	95	6.97	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 9,145.09 Combined monthly income No.					г						7
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income No.	9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,008.	51	\$	5,1	36.58	<u> </u>
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No.	10.			10.	-	4,008.51 +	\$_	5,13	6.58 =	\$	9,145.09
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 9,145.09 Combined monthly income No.	11.	Incluothe Do r	ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not	depei		•					0.00
13. Do you expect an increase or decrease within the year after you file this form? No.	12.	Writ	e that amount on the Summary of Schedules and Statistical Summary of Certa						12. \$	i	9,145.09
13. Do you expect an increase or decrease within the year after you file this form? No.									_		
Yes. Explain: Debtor no longer driving for UBER - Turned in Driver's License	13.		•	1?					m	onthly	y income
			Yes. Explain: Debtor no longer driving for UBER - Turned in D	river'	s L	icense					

Fill	n this informa	ation to identify yo	our case:					
Debt		Stanton Lew				Check	if this is:	
D-14	0						an amended filing	ota a marata attita a abaada a
Debt (Spo	or 2 use, if filing)							ving postpetition chapter the following date:
Unite	ed States Bank	ruptcy Court for the	: MIDDLI	E DISTRICT OF FLORIDA		N	MM / DD / YYYY	
	e number nown)							
Of	ficial Fo	orm 106J						
Sc	hedule	J: Your	Exper	ises				12/1
info	rmation. If n		eded, atta	If two married people ar ch another sheet to this n.				
Part 1.	1: Desc Is this a joi	ribe Your House nt case?	hold					
	■ No. Go to		in a separ	ate household?				
	□ N		st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Debto	or 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes
								□ No
3.	Do your ox	penses include	_					☐ Yes
Э.	expenses of	of people other t	han $_{\square}$	No Yes				
	yourself an	d your depende	nts? ⊔	res				
exp	mate your e	a date after the	our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance in Sluded it on <i>Schedule I:</i> Y			Your exp	enses
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4. \$		1,944.90
	,	ded in line 4:	J = 0					
						40 °		0.00
		estate taxes erty, homeowner's	s. Or renter	's insurance		4a. \$ 4b. \$		0.00 0.00
	•	•		ipkeep expenses		4c. \$		250.00
		eowner's associa	•			4d. \$		143.33
5.	Additional	mortgage paym	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

Deb	tor 1 Stanton Lewis Harris	Case num	nber (it	f known)
6.	Utilities:			
0.	6a. Electricity, heat, natural gas	6a.	\$	400.00
	6b. Water, sewer, garbage collection	6b.	· -	150.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.		350.00
	6d. Other. Specify:	6d.		0.00
7.	Food and housekeeping supplies		\$ -	900.00
7. 8.	Childcare and children's education costs	7. 8.		0.00
9.	Clothing, laundry, and dry cleaning	9.		
	Personal care products and services	9. 10.		175.00
	•			200.00
	Medical and dental expenses	11.	Ф_	450.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	300.00
13	Entertainment, clubs, recreation, newspapers, magazines, and books	13.		200.00
	Charitable contributions and religious donations	14.		125.00
	•	14.	Ψ_	125.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.		0.00
	15c. Vehicle insurance	15c.	٠.	0.00
	15d. Other insurance. Specify: Medicare - Stan	15d.		134.00
		130.	_	
	Medicare - Carol		\$ _	135.50
	Wife's Car Insurance monthly - Allstate		Φ_	200.00
	Medicare Supplement - Carol	_	\$_	776.76
	Dental Discount Program		\$_	20.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	40	•	
	Specify: Federal Withholding - Stan SSA	16.		278.00
	Specify: Federal Withholding - Stan Pension		\$_	104.22
	Specify: Federal Withholding - Carol Pension		\$	176.20
17.	Installment or lease payments:		_	
	17a. Car payments for Vehicle 1	17a.		0.00
	17b. Car payments for Vehicle 2	17b.	· -	0.00
	17c. Other. Specify: Wife's Car Payment	17c.		565.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as	40	Φ	0.00
40	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		
19.	Other payments you make to support others who do not live with you.	40	\$_	0.00
00	Specify:	19.		
20.	Other real property expenses not included in lines 4 or 5 of this form or on <i>Sched</i> 20a. Mortgages on other property	uie i: Yo 20a.		ocome. 0.00
	20b. Real estate taxes	20a. 20b.		
				0.00
	20c. Property, homeowner's, or renter's insurance	20c.	_	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.		0.00
	20e. Homeowner's association or condominium dues	20e.	_	0.00
21.	Other: Specify: Gifts for Grandchildren	21.	+\$	100.00
	Jewish Community Center Membership		+\$	56.00
	Car Wash monthly expense		+\$	65.00
	Pest Control		+\$	110.00
	Pet Expenses for 2 dogs - food, vet, flea treatment		+\$	150.00
22	Calculate your monthly expenses			
22.	22a. Add lines 4 through 21.		\$	9.459.04
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	8,458.91
			1 '	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	8,458.91
23	Calculate your monthly net income.		L	
20.	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	9,145.09
	23b. Copy your monthly expenses from line 22c above.	23b.		8,458.91
	205. Sopy your monary expenses from the 220 above.	۷۵۵.	Ψ -	0,430.91
	23c. Subtract your monthly expenses from your monthly income.			
	The result is your <i>monthly net income</i> .	23c.	\$	686.18
	Toodic to your monding not indonno.			

Debtor 1 Star	nton Lewis Harris	Case number (if known)
For example	pect an increase or decrease in your expenses within the year, do you expect to finish paying for your car loan within the year or do you to the terms of your mortgage?	
☐ Yes.	Explain here: Debtor has higher than average med are not covered by insurance.	ical expenses becuase of dental care, contacts, etc. that

Fill in this inform	nation to identify your	case:					
Debtor 1	Stanton Lewis Ha	rris					
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ba	nkruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA				
Case number(if known)					Check if this is an amended filing		
	Official Form 106Dec Declaration About an Individual Debtor's Schedules						
You must file this obtaining money years, or both. 18	f two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below						
Did you pay	or agree to pay some	one who is NOT an atto	rney to help you fill out bank	ruptcy forms?			
■ No							
☐ Yes. N	lame of person			, ,	etition Preparer's Notice, nature (Official Form 119)		
Under penal	ty of perjury, I declare	that I have read the sun	nmary and schedules filed wi	ith this declaration and			

Signature of Debtor 2

Date

that they are true and correct.

X /s/ Stanton Lewis Harris

Stanton Lewis Harris
Signature of Debtor 1

Date December 31, 2018

	in Abiatic						
_		nation to identify you	_				
De	btor 1	Stanton Lewis H	Middle Name		Last Name		
	btor 2	First Name	Middle Neme		Last Name		
	ouse if, filing)	First Name	Middle Name		Last Name		
Un	ited States Bar	kruptcy Court for the:	MIDDLE DISTRICT C	F FLORIL	DA		
_	se number nown)						Check if this is an mended filing
St		of Financial	Affairs for Indi				4/16
info	rmation. If m		attach a separate sheet			equally responsible for sup y additional pages, write you	
Pa	rt 1: Give D	etails About Your Ma	rital Status and Where	You Lived	l Before		
1.	What is your	current marital statu	s?				
	■ Married□ Not married	ied					
2.	During the la	st 3 years, have you	lived anywhere other th	an where	you live now?		
	■ No □ Yes. List	all of the places you li	ved in the last 3 years. D	o not inclu	ude where you live now	<i>ı</i> .	
	Debtor 1 Pri	or Address:	Dates Debto	or 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. stat						ity property state or territor ico, Texas, Washington and V	
	■ No □ Yes. Ma	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors	(Official F	Form 106H).		
Ра	rt 2 Explain	n the Sources of You	r Income				
4.	Fill in the tota	l amount of income yo	nployment or from oper u received from all jobs a have income that you red	nd all busi	inesses, including part-		ndar years?
	□ No ■ Yes. Fill	in the details.					
			Debtor 1			Debtor 2	
			Sources of income Check all that apply.	(be	oss income fore deductions and clusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until I for bankruptcy:	☐ Wages, commissions bonuses, tips	5,	\$2,653.19	☐ Wages, commissions, bonuses, tips	
			Operating a business	3		☐ Operating a business	

Debtor 1 Stanton Lewis Harris Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$0.00 ☐ Wages, commissions, ☐ Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips Operating a business ☐ Operating a business For the calendar year before that: \$0.00 ☐ Wages, commissions, ■ Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips $\hfill\square$ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. Describe below. each source (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Pension \$22,585.75 the date you filed for bankruptcy: **Social Security** \$23,844.00 **Benefits** For last calendar year: **Pension** \$21,927.90 (January 1 to December 31, 2017) Social Security \$23,367.00 **Benefits** For the calendar year before that: Pension \$21,289.20 (January 1 to December 31, 2016) Social Security \$23,314.00 **Benefits** Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 Stanton Lewis Harris		Case number (if known)					
	During the 90		e primarily consumer del for bankruptcy, did you pa		al of \$600 or more?	?	
	ir		omestic support obligation			you paid that creditor. Do not Also, do not include payments to a	an
	Creditor's Name and A	ddress	Dates of payment	Total amount paid	Amount you still owe	Was this payment for	
	Home Point Financia Attn: Correspondend 11511 Luna Rd, Ste Farners Branch, TX	ce 200	\$1,944.90 monthly	\$5,834.70	\$268,405.00	■ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other	
	Genesis Finance 3161 Michelson Dr S Irvine, CA 92612	ite 19	11/1/18 - \$1,975.33 10/1/18 - \$1,975.33	\$3,950.66	\$81,357.00	☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other Hyundai Genesis Now Surrendered	<u>-</u>
7.	Insiders include your rela of which you are an office a business you operate a alimony.	tives; any general par er, director, person in	control, or owner of 20% o	eral partners; partner r more of their voting	erships of which yo g securities; and a	was an insider? ou are a general partner; corporation ony managing agent, including one s, such as child support and	ons fo
	■ No☐ Yes. List all paymen	ts to an insider.					
	Insider's Name and Ad	dress	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment	
8.	Within 1 year before you insider? Include payments on deb No Yes. List all paymen	ts guaranteed or cosi		ments or transfer a	any property on a	ccount of a debt that benefited	an
	Insider's Name and Ad	dress	Dates of payment	Total amount	Amount you still owe	Reason for this payment Include creditor's name	
Do	et 4. Idontify Logol Act	iana Banasasaian	a and Farcalesures	paid	Still Owe	include creditor's name	
9.	Within 1 year before you	u filed for bankruptc uding personal injury o ct disputes.	s, and Foreclosures y, were you a party in an cases, small claims actions			rative proceeding? ctions, support or custody	
	Case title Case number		Nature of the case	Court or agency		Status of the case	
	2300 113111001						

12/31/18 12:34PM

Deb	btor 1 Stanton Lewis Harris	Case number	(if known)	
10.	Within 1 year before you filed for bankrup Check all that apply and fill in the details bel	otcy, was any of your property repossessed, foreclosed	l, garnished, attached	, seized, or levied?
	□ No. Go to line 11.			
	Yes. Fill in the information below.			
	Creditor Name and Address	Describe the Property	Date	Value of the
	Creditor Name and Address	bescribe the Property	Date	property
		Explain what happened		
	Hyundai Motor Finance Attn: Bankruptcy Po Box 20829	Voluntarily returned 2018 Santa Fe in December 2018	December 2018	Unknown
	Fountain City, CA 92728	■ Property was repossessed.		
		☐ Property was foreclosed.		
		☐ Property was garnished.		
		☐ Property was attached, seized or levied.		
	Genesis Finance 3161 Michelson Dr Ste 19 Irvine, CA 92612	Surrendered Hyundai Genesis Leased Car - voltarily reposessed in November 2018	Nov 2018	Unknown
		■ Property was repossessed.		
		☐ Property was foreclosed.		
		☐ Property was garnished.		
		☐ Property was attached, seized or levied.		
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
12.	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or	otcy, was any of your property in the possession of an another official?	assignee for the bene	fit of creditors, a
	■ No □ Yes			
Par	rt 5: List Certain Gifts and Contributions	S		
13.	_ ′	ptcy, did you give any gifts with a total value of more t	han \$600 per person?	,
	NoYes. Fill in the details for each gift.			
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.	Within 2 years before you filed for bankru ☐ No	ptcy, did you give any gifts or contributions with a total	al value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or co	ontribution.		
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	·	Dates you contributed	Value
	Ohev Shalom Synagogue 613 Concourse Parkway Soutn Maitland, FL 32751	Synagogue Membership is \$125/mo	All months for prior two years	\$3,000.00

Del	otor 1 Stanton Lewis Harris		C	ase number	(if known)	
Par	rt 6: List Certain Losses					
15.	Within 1 year before you filed for bankru or gambling?	ıptcy or	since you filed for bankruptcy, did yo	ou lose any	thing because of the	t, fire, other disaster,
	■ No □ Yes. Fill in the details.					
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the load the amount that insurance has paid. Lince claims on line 33 of Schedule A/B: F	st pending	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfers	s				
16.	Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition p	preparii	ng a bankruptcy petition?			rty to anyone you
	□ No■ Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	⁄ou	Description and value of any prope transferred	erty	Date payment or transfer was made	Amount of payment
	Attorneys Justin Clark & Associate PLLC 500 Winderley Place Unit 100 Maitland, FL 32751 wspivak@youhavepower.com		Attorney Fees - \$1,632, Chapter Fee - \$335, Credit Report Fee -		November 20, 2018	\$2,000.00
17.	Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that	ditors o	r to make payments to your creditors	behalf pay ??	or transfer any prope	rty to anyone who
	Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any prope transferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankr transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have alr No Yes. Fill in the details.	u r busin s made a	ess or financial affairs? as security (such as the granting of a se			
	Person Who Received Transfer Address		Description and value of property transferred		any property or s received or debts schange	Date transfer was made
	Person's relationship to you Northwest FCU		Traded in 2018 Santa Fe Vin # 5NMZU3LBXJH056829 in Oct 2018 to buy new 2018 Santa Fe, which was surrendered/voluntary repo in Nov 2018			Oct 2018
	Northwest FCU		traded in 2017 Genesis Vin # KMHGN4JEXHU195610 to buy 2018 Genesis			July 2018

Case number (if known)

19.		nin 10 years before you filed for bankrup eficiary? (These are often called asset-pro		ny property to a	self-settle	d trust or similar device	of w	hich you are a
		No						
		Yes. Fill in the details.						
	Naı	me of trust	Description and	value of the pro	perty trans	ferred		ate Transfer was ade
Par	t 8:	List of Certain Financial Accounts, Ins	struments, Safe Deposi	it Boxes, and St	orage Unit	s		
20.	solo Incl	nin 1 year before you filed for bankruptcy I, moved, or transferred? ude checking, savings, money market, o ses, pension funds, cooperatives, assoc	r other financial accou	ınts; certificates	of deposi			
		No						
		Yes. Fill in the details.						
		me of Financial Institution and dress (Number, Street, City, State and ZIP e)	Last 4 digits of account number	Type of accordinstrument	unt or	Date account was closed, sold, moved, or transferred	t	Last balance pefore closing or transfer
21. Do you now have, or did you have within 1 year before you fi cash, or other valuables?				r bankruptcy, aı	ny safe dep	oosit box or other depos	itory	for securities,
		No						
	_	Yes. Fill in the details.						
	_		Maria de la colora	1- '10	D 11	11 1 1 -		D (11)
		me of Financial Institution dress (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents		Do you still have it?
22.	Hav	e you stored property in a storage unit o	r place other than you	r home within 1	year befor	e you filed for bankrupt	су?	
		No Yes. Fill in the details.						
		me of Storage Facility dress (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents		Do you still have it?
Par	t 9:	Identify Property You Hold or Control	for Someone Else					
23.		you hold or control any property that sor someone.	neone else owns? Incl	ude any proper	ty you borr	rowed from, are storing	for, c	or hold in trust
		No Yes. Fill in the details.						
		rner's Name dress (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	the property		Value
Par	t 10:	Give Details About Environmental Info	ormation					

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case number (if known)

24.	. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?							
		No						
		Yes. Fill in the details. me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	_	ronmental law, if you v it	Date of notice		
25.	Hav	e you notified any governmental unit of	•					
		Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and know it		Date of notice		
26.	Have	e you been a party in any judicial or adr	ninistrative proceeding under any envi	onmenta	I law? Include settlements	and orders.		
		No Yes. Fill in the details.						
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature o	f the case	Status of the case		
Par	t 11:	Give Details About Your Business or	·					
27.	With	nin 4 years before you filed for bankrupt	cy, did you own a business or have an	y of the fo	ollowing connections to an	y business?		
		☐ A sole proprietor or self-employed i	n a trade, profession, or other activity,	either full	I-time or part-time			
		☐ A member of a limited liability comp	oany (LLC) or limited liability partnersh	p (LLP)				
		☐ A partner in a partnership						
		☐ An officer, director, or managing ex	ecutive of a corporation					
		☐ An owner of at least 5% of the votin	g or equity securities of a corporation					
		No. None of the above applies. Go to F	Part 12.					
		Yes. Check all that apply above and fill	in the details below for each business					
		siness Name	Describe the nature of the business		ployer Identification number			
		dress nber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		not include Social Security	number or IIIN.		
28.		nin 2 years before you filed for bankrupt itutions, creditors, or other parties.	cy, did you give a financial statement t		es business existed about your business? Incl	ude all financial		
		No						
		Yes. Fill in the details below.						
		me dress nber, Street, City, State and ZIP Code)	Date Issued					

Case 6:18-bk-08031-KSJ Doc 1 Filed 12/31/18 Page 58 of 79

Debto	Stanton Lewis Harris	Case number (if known)		
Part 1	2: Sign Below			
are tru with a	e and correct. I understand that maki	Financial Affairs and any attachments, and I declare under penalty of perjury that the answ a false statement, concealing property, or obtaining money or property by fraud in connect \$250,000, or imprisonment for up to 20 years, or both.		
/s/ St	anton Lewis Harris			
	ton Lewis Harris ture of Debtor 1	Signature of Debtor 2		
Date	December 31, 2018	Date		
Did yo ■ No □ Yes	. •	ment of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?		
Did yo ■ No	u pay or agree to pay someone who i	oot an attorney to help you fill out bankruptcy forms?		

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this inform	ation to identify your	case:			
Debtor 1	Stanton Lewis Ha				
Debtor	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ban	kruptcy Court for the:	MIDDLE DISTRIC	T OF FLORIDA		
Case number					
(if known)					Check if this is an amended filing
			riduals Filing Under	Chapter 7	12/15
	claims secured by yo	-	out this form ii.		
You must file this	er is earlier, unless th	ithin 30 days after	ot expired. you file your bankruptcy petition or b e time for cause. You must also send		
•	ople are filing together I date the form.	in a joint case, bo	th are equally responsible for supplyi	ng correct information	n. Both debtors must
	nd accurate as possib ur name and case nur		s needed, attach a separate sheet to th	nis form. On the top of	any additional pages,
Part 1: List You	ur Creditors Who Hav	e Secured Claims			
•	_	art 1 of Schedule D	: Creditors Who Have Claims Secured	by Property (Official	Form 106D), fill in the
information bel Identify the cree	ow. ditor and the property t	hat is collateral	What do you intend to do with the p secures a debt?		you claim the property exempt on Schedule C?
Creditor's Ho	ome Point Financial	Corp	☐ Surrender the property. ☐ Retain the property and redeem it		No
Description of property securing debt:	671 Blenheim Loo Springs, FL 32708 County PARCEL ID# 35-20-30-505-0000- 50% owner with w Harris	Seminole	 ■ Retain the property and enter into Reaffirmation Agreement. □ Retain the property and [explain]: 	- .	/es
Part 2: List Yo	ur Unexpired Persona	I Property Leases			
For any unexpired in the information	d personal property le below. Do not list rea	ase that you listed Il estate leases. Un	in Schedule G: Executory Contracts a expired leases are leases that are still the trustee does not assume it. 11 U.S	I in effect; the lease pe	
Describe your un	expired personal pro	perty leases		Will the	lease be assumed?
Lessor's name:	Hyundai Moto	r Finance		■ No	
				☐ Yes	
Description of leas	sed Acct# 181411\$	1432 ,			

Debto	or 1	Stanton Lewis Harris	Case number (if known)				
Prope	erty:	Opened 09/18, Co-Signer on Lease for 201 and makes the payments	7 Tuscon with Daughter, who drives the car				
Part 3	3:	Sign Below					
		alty of perjury, I declare that I have indicated nat is subject to an unexpired lease.	d my intention about any property of my estate that secures a debt and any personal				
x /	/s/ S	tanton Lewis Harris	X				
		ton Lewis Harris	Signature of Debtor 2				
(Signa	ature of Debtor 1					
[Date	December 31, 2018	Date				

Fill in this information to identify your case:							
Debtor 1	Stanton Lewis Harris	S	_				
Debtor 2 (Spouse, if filing)			_				
United States B	ankruptcy Court for the:	Middle District of Florida					
Case number (if known)			_				

Check one box only as	directed	in	this	form	and	in	Form
122A-1Supp:							

- □ 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Column B

☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Column A

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				Debto	r 1	non-fil	ing spouse
2.	Your gross wages, salary, tips, bonuses, overting payroll deductions).	me, an	d commissions (before all	\$	0.00	\$	0.00
3.	Alimony and maintenance payments. Do not inc Column B is filled in.	ude pa	ayments from a spouse if	\$	0.00	\$	0.00
4.	All amounts from any source which are regular of you or your dependents, including child supp from an unmarried partner, members of your house and roommates. Include regular contributions from filled in. Do not include payments you listed on line	oort. Ir hold, y a spou	nclude regular contributions your dependents, parents,	\$	0.00	\$	0.00
5.	Net income from operating a business, profess	on, or	farm				
			Debtor 1				
	Gross receipts (before all deductions)	\$	980.53				
	Ordinary and necessary operating expenses	-\$	540.00				
	Net monthly income from a business, profession, or farm	\$	440.53 Copy here ->	\$	440.53	\$	0.00
6.	Net income from rental and other real property						
			Debtor 1				
	Gross receipts (before all deductions)		\$ 0.00				
	Ordinary and necessary operating expenses		-\$ 0.00				
	Net monthly income from rental or other real prope	rty	\$ 0.00 Copy here ->	\$	0.00	\$	0.00
7.	Interest, dividends, and royalties			\$	0.00	\$	0.00

Official Form 122A-1

Debtor 1 **Stanton Lewis Harris** Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 2.695.81 2,021.51 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Annuity Income 0.00 956.97 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 \$ 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 2,462.04 3,652.78 6,114.82 \$ each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: Copy line 11 here=> 12a. Copy your total current monthly income from line 11 6,114.82 Multiply by 12 (the number of months in a year) **x** 12 73,377.84 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. FL Fill in the number of people in your household. 2 58,960.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Stanton Lewis Harris Stanton Lewis Harris Signature of Debtor 1 Date December 31, 2018 MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this info	rmation to identify your case:	
Debtor 1	Stanton Lewis Harris	_
Debtor 2 (Spouse, if filing	g)	_
United States E	Bankruptcy Court for the: Middle District of Florida	_
Case number (if known)		

Check the appropriate box as directed in lines 40 or 42:
According to the calculations required by this Statement:
■ 1. There is no presumption of abuse.

☐ Check if this is an amended filing

☐ 2. There is a presumption of abuse.

Official Form 122A - 2

Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Pai	t 1: Determine Your Adjusted Income	
1.	Copy your total current monthly income. Copy line 11	from Official Form 122A-1 here=> \$ 6,114.82
2.	Did you fill out Column B in Part 1 of Form 122A-1? ☐ No. Fill in \$0 for the total on line 3. ☐ Yes. Is your spouse Filing with you? ☐ No. Go to line 3. ☐ Yes. Fill in \$0 for the total on line 3.	
3.	Adjust your current monthly income by subtracting any part of your sphousehold expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A–1, was any amount of the income you expenses of you or your dependents? No. Fill in 0 for the total on line 3. Yes. Fill in the information below: State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to	· ·
	Support other than you or your dependents. Wife's own car payment Total.	\$ 565.00 \$ \$ \$ \$ Copy total here=> \$ 565.00
4.	Adjust your current monthly income. Subtract line 3 from line 1.	\$ <u>5,549.82</u>

Official Form 122A-2

Debtor 1 Stanton Lewis Harris Case number (if known)

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1,202.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

- 7b. Number of people who are under 65 X 2
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 104.00 Copy here=> \$ 104.00

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 114
- 7e. Number of people who are 65 or older X **0**
- 7f. **Subtotal.** Multiply line 7d by line 7e. \$ ______ **0.00 Copy here=>** +\$ _____ **0.00**

Case number (if known)

Loc	al Sta	andards	You must use	the IRS Local Sta	andards to ans	wer the q	uestions in line	es 8-15.					
			ntion from the IF eses into two pa	RS, the U.S. Trus	stee Program	has divid	led the IRS L	ocal Stand	ard for	housing	g for		
■ F	lousi	ing and u	tilities - Insurar	nce and operatin	g expenses								
■ H	lousi	ing and u	tilities - Mortga	ge or rent exper	ises								
To a	answ	er the qu	estions in lines	8-9, use the U.S	6. Trustee Pro	gram cha	art.						
				ne link specified in the bankruptcy c		instructio	ns for this forr	n.					
8.				ance and operate your county for in							s, fill \$		557.00
9.	Hou	sing and	utilities - Morto	gage or rent exp	enses:								
	9a.	•	•	ple you entered in mortgage or rent					\$	1,1	92.00		
	9b.	Total ave	erage monthly pa	ayment for all mo	rtgages and ot	ther debts	secured by y	our home.					
	To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.												
		Name of	the creditor			Average	monthly t						
		Home F	Point Financia	l Corp		\$	1,944.90						
			Tota	l average monthly	y payment	\$	1,944.90	Copy here=>	-\$	1,	944.90	Repeat this amount on line 33a.	
	9c.	Net mort	gage or rent exp	ense.									
				erage monthly pa mount is less tha				\$		0.00	Copy here=>	\$	0.00
10.	If yo	ou claim t	hat the U.S. Tru alculation of yo	ıstee Program's ur monthly expe	division of thenses, fill in a	ne IRS Lo ny additio	cal Standard onal amount	for housin you claim.	g is ind	correct a	and	\$	0.00
	Ex	plain why:	:										
11.	Loc	al transpo	ortation expens	ses: Check the nu	umber of vehic	les for wh	ich you claim	an ownersh	nip or o	perating	expense		
). Go to lin	ne 14.										
	1	. Go to lin	ne 12.										
		or more.	Go to line 12.										
12.	Veh	icle opera	ation expense:	Using the IRS Lo	cal Standards	and the r	number of veh	icles for wh	ich you	claim the	е		400.00

operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

196.00

Debtor 1	Stanton Lewis Harris	Case number (if known)	

13.	You	icle ownership or lease expense: Using the IRS Local may not claim the expense if you do not make any loan or than two vehicles.					
Ve	hicle	1 Describe Vehicle 1:					
13a.	. Own	ership or leasing costs using IRS Local Standard		\$	0.00		
13b.		rage monthly payment for all debts secured by Vehicle 1. not include costs for leased vehicles.					
	are o	calculate the average monthly payment here and on line 1 contractually due to each secured creditor in the 60 mont cruptcy. Then divide by 60.					
		Name of each creditor for Vehicle 1	Average monthly payment				
		-NONE-	\$				
		Total Average Monthly Payment	\$	Copy here => -\$ _	C	Repeat this amount on line 33b.	
13c.		Vehicle 1 ownership or lease expense tract line 13b from line 13a. if this amount is less than \$0,	enter \$0.	\$	0.00	Copy net Vehicle 1 expense here => \$	0.00
Ve	hicle	2 Describe Vehicle 2:					
13d.	. Own	nership or leasing costs using IRS Local Standard		\$	0.00		
13e.		rage monthly payment for all debts secured by Vehicle 2. ed vehicles.	Do not include costs for				
		Name of each creditor for Vehicle 2	Average monthly payment				
			\$				
		Total Average Monthly Payment	\$	Copy here => -\$	0.0	Repeat this amount on line 33c.	
13f.		Vehicle 2 ownership or lease expense tract line 13e from line 13d. if this amount is less than \$0,	enter \$0	\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.		lic transportation expense: If you claimed 0 vehicles in asportation expense allowance regardless of whether you			fill in the	Public \$	0.00
15.	also	itional public transportation expense: If you claimed 1 deduct a public transportation expense, you may fill in w claim more than the IRS Local Standard for <i>Public Transp</i>	hat you believe is the app				0.00

Case number (if known)

17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone servic				
self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than	Oth		for	
17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone servic	16.	self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12		
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 34. 25. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for you'r health and welfare or that of your dependents or for the production of income, if it is not reimbursed by y		Do not include real estate, sales, or use taxes.	\$	1,335.18
18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: a sa a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment	17.			
filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. \$ 3,740.		Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 34 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. * 3,740.	18.	filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than	\$	0.00
20. Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. ** 3.740. 4. Add all of the expenses allowed under the IRS expense allowances.	19.			
as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. \$ 3,740.		Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 34. 25. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. \$ 3,740.	20.			
21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 32. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 3,740.			•	0.00
Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 34 25. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. \$ 3,740.		Tor your physically or mentally challenged dependent child it no public education is available for similar services.	Ψ	
22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 323. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. \$ 3,740.	21.		Φ.	0.00
that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. \$ 34 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$		Do not include payments for any elementary or secondary school education.	» —	0.00
23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 3,740.	22.	that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid		
for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$		Payments for health insurance or health savings accounts should be listed only in line 25.	\$	346.00
expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$	23.	for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of		
24. Add all of the expenses allowed under the into expense allowances.			+\$_	0.00
	24.	·	\$	3,740.18

Case number (if known)

Add	itional Expense Deductions	These are additional	deductio	ns allowed by the	e Means Test.			
		Note: Do not include	any expe	ense allowances	listed in lines 6-24.			
25.	. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.							
	Health insurance		\$	1,046.26				
	Disability insurance		\$	0.00				
	Health savings account		+\$	0.00				
	Total		\$	1,046.26	Copy total here=>	\$	1,046.26	
	Do you actually spend this total	I amount?						
	☐ No. How much do you a	actually spend?						
	Yes	,	\$					
26.	continue to pay for the reasona	able and necessary care our immediate family w	e and sup tho is una	oport of an elderly able to pay for su	actual monthly expenses that you will y, chronically ill, or disabled member of ich expenses. These expenses may 9A(b).	\$	0.00	
27.					ses that you incur to maintain the se Act or other federal laws that apply.			
	By law, the court must keep the	e nature of these expen	ses confi	idential.		\$	0.00	
28.	Additional home energy cost line 8.	s. Your home energy c	osts are	included in your i	insurance and operating expenses on			
	If you believe that you have how 8, then fill in the excess amoun			han the home en	ergy costs included in expenses on line	е		
	You must give your case truste amount claimed is reasonable a		ır actual	expenses, and y	ou must show that the additional	\$	0.00	
29.	Education expenses for depe \$160.42* per child) that you pay public elementary or secondary	y for your dependent ch	re young nildren wl	ger than 18. The ho are younger th	monthly expenses (not more than nan 18 years old to attend a private or			
	You must give your case truste claimed is reasonable and necessary				ou must explain why the amount 3.			
	* Subject to adjustment on 4/01	1/19, and every 3 years	after tha	t for cases begur	n on or after the date of adjustment.	\$	0.00	
30.	 Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. 							
	To find a chart showing the mainstructions for this form. This constructions							
	You must show that the additio	nal amount claimed is r	easonab	le and necessary	<i>1</i> .	\$	0.00	
31.	Continuing charitable contributions instruments to a religious or characteristic contribution of the continuing charitable contributions are continuing charitable contributions.				ntribute in the form of cash or financial	+\$	125.00	
32.	Add all of the additional expe Add lines 25 through 31.	ense deductions.				\$	1,171.26	

er (<i>if known</i>)

Deduct	Deductions for Debt Payment					
33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.						
To d	To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.					
	Mortgages on your home:					erage monthly yment
33a.	Copy line 9b here			==	> \$	1,944.90
	Loans on your first two vehicles:					
33b.	Copy line 13b here			=======================================	> \$	0.00
33c.	Copy line 13e here			=>	> \$	0.00
	List other secured debts:					
Name of	each creditor for other secured debt	Identify property that secures the debt		Does payment include taxes o insurance?	r	
				□ No		
-1	NONE-			☐ Yes	\$	
				□ No		
				☐ Yes	\$	
				□ No		
		_		☐ Yes	+\$	
					Camu	
220 T	otal average monthly payment. Add lir	on 22a through 22d	\$	1,944.90	Copy total	\$ 1.944.90
33 6 . 1	otal average monthly payment. Add in	es 33a tillough 33u	Ψ	1,044.00	here=>	φ 1,344.30
		secured by your primary residence, a vehic pport or the support of your dependents?	ele,			
	No. Go to line 35.					
	Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the	pay to a creditor, in addition to the payments sion of your property (called the <i>cure amount</i>) information below.				
Name o	of the creditor	Identify property that secures the debt		Total cure amount		Monthly cure amount
-NON	E-		\$	÷	60 = \$	
					1	
					Сору	
		Tota	al \$	0.00	total here=>	\$ 0.00
35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.						
	No. Go to line 36.					
	Yes. Fill in the total amount of all of the ongoing priority claims, such as	nese priority claims. Do not include current or those you listed in line 19.				
	Total amount of all past-due pr	iority claims	\$	0.00 ÷	- 60 =	\$

Stanton Lewis Harris Debtor 1 Case number (if known) 36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e). For more information, go online using the link for Bankruptcy Basics specified in the separate instructions for this form. Bankruptcy Basics may also be available at the bankruptcy clerk's office. No. Go to line 37. ☐ Yes. Fill in the following information. Projected monthly plan payment if you were filing under Chapter 13 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense if you were filing under Chapter 13 1,944.90 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 3,740.18 expense allowances Copy line 32, All of the additional expense deductions 1,171.26 Copy line 37, All of the deductions for debt payment 1,944.90 6.856.34 6.856.34 Total deductions \$ Copy total here.....=> Part 3: Determine Whether There is a Presumption of Abuse 39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income 5,549.82 39b. Copy line 38, Total deductions 6,856.34 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Copy -1.306.52-1.306.52 Subtract line 39b from line 39a here=>\$ For the next 60 months (5 years) x 60 Copy -78,391.20 39d. **Total.** Multiply line 39c by 60_____ -78,391.20 39d. here=> 40. Find out whether there is a presumption of abuse. Check the box that applies: ■ The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. ☐ The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5. ☐ The line 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41.

*Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1	Stan	nton Lewis Harris	Case number (if known)	
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled on A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.	sx .25	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i) Multiply line 41a by 0.25		\$
25	% of y	ne whether the income you have left over after subtracting all allowed de your unsecured, nonpriority debt. e box that applies:		
		39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>The</i> part 5.	ere is no presumption of abuse.	
		39d is equal to or more than line 41b. On the top of page 1 of this form, che <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances. The		
Part 4:	Giv	ve Details About Special Circumstances		
		ve any special circumstances that justify additional expenses or adjustme alternative? 11 U.S.C. § 707(b)(2)(B).	ents of current monthly income f	or which there is no
	lo. Go	o to Part 5.		
□ Y		I in the following information. All figures should reflect your average monthly exm. You may include expenses you listed in line 25.	xpense or income adjustment for e	ach
	ne	ou must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation justments.		
	G		Average monthly expense or income adjustment	
	_		\$	
	_		\$	
	_		\$	
			\$	
Part 5:	Sig	ın Below		
art o.		gning here, I declare under penalty of perjury that the information on this state	ment and in any attachments is true	e and correct.
	X /s/	Stanton Lewis Harris		
		anton Lewis Harris gnature of Debtor 1		
Da	te De	ecember 31, 2018		
	M	M/DD/YYYY		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:		Liquidation
	\$245	filing fee
	\$75	administrative fee
	+ \$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Middle District of Florida

		Middle District of Florida		
In re	Stanton Lewis Harris		Case No.	
		Debtor(s)	Chapter	7
	VER	IFICATION OF CREDITOR N	MATRIX	
ne ab	ove-named Debtor nereby verifies	that the attached list of creditors is true and con	rrect to the best	of his/her knowledge.
Date:	December 31, 2018	/s/ Stanton Lewis Harris		
		Stanton Lewis Harris		
		Signature of Debtor		

Stanton Lewis Harris 671 Blenheim Loop Winter Springs, FL 32708 Citibank North America Attn: Recovery/Centralized Bankruptcy

Po Box 790034 St Louis, MO 63179 First National Bank

Attn: Tina

1620 Dodge St Mailstop 4440

Omaha, NE 68197

Wayne B. Spivak

Attorneys Justin Clark & Associates PLLC Citibank Corp/Centralized Bankruptcy

500 Winderley Place

Unit 100

Maitland, FL 32751

Citibank North America

Po Box 790034 St Louis, MO 63179 Genesis Finance

3161 Michelson Dr Ste 19

Irvine, CA 92612

Ally Financial

Attn: Bankruptcy Dept Po Box 380901

Bloomington, MN 55438

Citibank/The Home Depot

Attn: Recovery/Centralized Bankruptcy

Po Box 790034 St Louis, MO 63179

3161 Michelson Dr Ste 19

Irvine, CA 92612

Amex

Correspondence/Bankruptcy

Po Box 981540 El Paso, TX 79998 Comenity Bank/trek Attn: Bankruptcy Dept

Po Box 182125 Columbus, OH 43218

Home Point Financial Corp Attn: Correspondence

11511 Luna Rd, Ste 200 Farners Branch, TX 75234

Barclays Bank Delaware Attn: Correspondence

Po Box 8801

Wilmington, DE 19899

Comenitybank/jared Attn: Bankruptcy Dept Po Box 18215

Columbus, OH 43218

Hyundai Motor Finance

Attn: Bankruptcy Po Box 20829

Fountain City, CA 92728

Capital One Attn: Bankruptcy Po Box 30285

Salt Lake City, UT 84130

Comenitybank/kayjewe Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Hyundai Motor Finance Attn: Bankruptcy Po Box 20809

Fountain Valley, CA 92728

Carol Stanton 671 Blenheim Loop Winter Springs, FL 32708 Credit First National Assoc

Attn: Bankruptcv Po Box 81315 Cleveland, OH 44181 Jared/Sterling Jewelers

Attn: Bankruptcy Po Box 3680 Akron, OH 44309

Chase Mortgage

Attn: Case Research & BK

Po Box 24696 Columbus, OH 43224 Credit One Bank Attn: Bankruptcy Po Box 98873

Las Vegas, NV 89193

Jillian Harris 339 Sandpiper Drive Casselberry, FL 32707

Citi/Sears

Citibank/Centralized Bankruptcy

Po Box 790034 St Louis, MO 63179 Dicks Score Rewards PO Box 960012 Orlando, FL 32896

Kohls/Capital One Kohls Credit Po Box 3120 Milwaukee, WI 53201 Macdill Air Force Bk (Grow Financial FCU) Attn: Bankruptcy Po Box 89909 Tampa, FL 33689 Synchrony Bank Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Wells Fargo Dealer Services Attn: Bankruptcy Po Box 19657 Irvine, CA 92623

Merrick Bank/CardWorks Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804 Synchrony Bank/ JC Penneys Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Northwest Federal Cu Attn: Bankruptcy Po Box 1229 Herndon, VA 20172 Synchrony Bank/Care Credit Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Pnc Bank Atn: Bankruptcy Department Po Box 94982: Ms: Br-Yb58-01-5

Cleveland, OH 44101

Synchrony Bank/Lowes Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Realtors Fcu Attn: Bankruptcy Po Box 1229 Herndon, VA 20172 Synchrony Bank/Sams Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Regions Bank Attn: Bankruptcy Po Box 10063 Birmingham, AL 35244 Synchrony Bank/Sams Club Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Santander Consumer USA Attn: Bankruptcy Po Box 961245 Fort Worth, TX 76161 Synchrony Bank/TJX Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Sterling Jewelers, Inc. Attn: Bankruptcy Po Box 1799 Akron, OH 44309 TD Bank Attn: Bankruptcy 1701 Rt 70 E Cherry Hill, NJ 08034

Syncb/Rooms To Go Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 TD Retail Card Services Rooms to Go 1000 Macarthur Rd Mahwah, NJ 07430 Case 6:18-bk-08031-KSJ Doc 1 Filed 12/31/18 Page 79 of 79

12/31/18 12:34PM

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of Florida

	M	iddle District of Florida		
In re	Stanton Lewis Harris		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR D	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filibe rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy,	or agreed to be paid	d to me, for services rendered or to
	For legal services, I have agreed to accept		\$ <u></u>	1,632.00
	Prior to the filing of this statement I have received		<u> </u>	1,632.00
	Balance Due		\$	0.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed comp	pensation with any other person	unless they are mer	nbers and associates of my law firm
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na			
5.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspect	s of the bankruptcy	case, including:
	 a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] 	tement of affairs and plan which cors and confirmation hearing, ar	may be required; ad any adjourned he	arings thereof;
	Total fees charged to client include \$1,000 Chapter 7 Court Filing Fees. Attorney's market value; exemption planning; prepresented; preparation and filing of motio goods.	Fees charged include nego paration and filing of reaffire	otiations with sec mation agreeme	cured creditors to reduce to nts and applications as
6.	By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any di any other adversary proceeding.	ee does not include the following schargeability actions, judi	service: cial lien avoidan	ces, relief from stay actions or
		CERTIFICATION		
this	I certify that the foregoing is a complete statement of aroankruptcy proceeding.	ny agreement or arrangement for	payment to me for	representation of the debtor(s) in
[December 31, 2018	/s/ Wayne B. Spiv	rak	
1	Date	Wayne B. Spivak	38191	
		Signature of Attorne Attorneys Justin		tes PLLC
		500 Winderley Pla		
		Unit 100 Maitland, FL 3275	i1	
		3212821055 Fax	: 3212821051	
		wspivak@youhav		
		Name of law firm		